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ATTORNEY GENERAL OF NEW JERSEY

CERTIFIED TRUE COPY

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

IN THE MATTER OF THE SUSPENSION :
OR REVOCATION OF THE LICENSE :
OF :
JOEL APPLEBAUM, D.M.D. :
TO PRACTICE DENTISTRY IN THE :
STATE OF NEW JERSEY :

Administrative Action

CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry (hereinafter the "Board") upon receipt of information from the Health Practitioner's Data Bank which alleged that Joel Applebaum, D.M.D., rendered treatment to a four (4) year old child by administering comedications of various drugs resulting in the death of the child. The Board reviewed the entire record in this matter, including additional information acquired on January 22, 1992 at an Investigative Inquiry attended by Dr. Applebaum who was represented by John Paul Dizzia, Esq. It appearing that the parties wish to resolve this matter without recourse to formal proceedings and for good cause shown,

IT IS ON THIS 20th DAY OF AUGUST, 1995,

HEREBY ORDERED AND AGREED THAT:

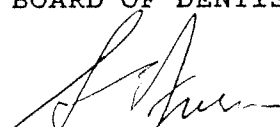
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1. The license of Joel Applebaum, D.M.D. to practice dentistry in the State of New Jersey shall be and is hereby suspended for a period of one (1) year. Thirty (30) days of this suspension shall be active and shall commence on the thirtieth (30) day after the entry of this Order. The remaining period of suspension shall be stayed and shall constitute a probationary period. Upon receipt of verbal or written information that respondent has failed in any manner whatsoever to comply with the within terms and conditions, the Board may activate the stayed suspension on short notice to the respondent (no less than ten (10) days), and after affording the respondent the opportunity to contest such activation in a hearing before the Board, at a time and place to be set by the Board.

2. Respondent shall cease and desist from the use of demerol in his dental practice until such time as he successfully completes a 75 hour program in dental sedation which is to be organized by the Department of Oral/Maxillofacial Surgery at the University of Medicine and Dentistry, located in Newark, New Jersey. Upon completion of this course, Dr. Applebaum shall appear before the Board. The objectives of the program as well as the components, requirements, and cost of the program are set forth in the program outline which is attached hereto and is made a part of this Order by reference. Respondent shall be required to complete the attached Proof of Attendance form as proof of successful completion of the required course work. The attached form is made a part of the within Order. The continuing education ordered herein shall be in addition to, and not a part of the mandatory continuing education required for licensees.

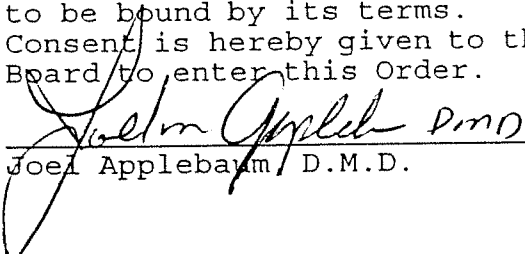
3. Respondent shall pay the sum of \$2,146.14 as costs of the investigation in this matter. Such costs shall be payable by certified check or money order to the State of New Jersey and mailed to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101 within thirty (30) days of the entry date of this Order.

STATE BOARD OF DENTISTRY

By: 
Stephen Candio, President

S. E. Furman

I have read and understand
the within Order and agree
to be bound by its terms.
Consent is hereby given to the
Board to enter this Order.


Joel Applebaum D.M.D.

This special course in dental sedation is being organized by the Department of Oral/Maxillofacial Surgery to satisfy the requirements set by the state Board of Dentistry. They have mandated that a 75 hour program be offered for a doctor in the community to increase his knowledge in this facet of dentistry.

The objectives of the course are to provide information up to a level of understanding in the following areas of dental sedation:

1. Pharmacology of sedatives, narcotics, barbiturates and other drugs used to cause and reverse sedation.
2. Airway management and basic life support techniques
3. Management of anesthesia related medical emergencies
4. Evaluation of the patient pre-anesthesia
5. Monitoring of sedated patient
6. Out-patient general anesthesia (managing the unconscious patient)

This information will be provided through a combination of lectures, reading assignments, CE course participation and clinical observation.

The program will be as follows:

Formal lecture:	20 hours
Supervised reading:	16 hours
Participation in emergencies course:	16 hours
Observation in hospital clinic:	27 hours

Faculty involved in giving lectures and supervising participants will provide written evaluation of participant to course director after each encounter. At completion of program participant will take a two hour examination administered by the course director from questions derived from the faculty.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMA N. BYRNE
DIRECTOR

LOCATION

124 HALSEY STREET 6TH FLOOR
NEWARK, NJ 07102
(201) 648-7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes _____ No _____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title

Upon completion of this course, please notify the Board of Dentistry office to schedule an appearance at a Board meeting.

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